

APPLICATION FOR CERTIFICATE OF TITLE - STATE OF

BUREAU OF MOTOR VEHICLES

State Form 205 (R7 / 6-04)

Approved by State Board of Account 1997

TO BE COMPLETED BY A POLICE OFFICER, BMV OFFICIAL OR BMV CERTIFIED DEALER SIGNEE FOR OUT OF STATE TITLES. I HEREBY CERTIFY THAT I PERSONALLY EXAMINED THE FOLLOWING VEHICLE AND FIND THE IDENTIFICATION NUMBER TO BE AS FOLLOWS.				I/WE THE UNDERSIGNED SWEAR OR AFFIRM THAT THE INFORMATION ENTERED ON THIS FORM IS CORRECT. I/WE UNDERSTAND THAT MAKING A FALSE STATEMENT ON THIS FORM MAY CONSTITUTE THE CRIME OF PERJURY. FURTHERMORE, I/WE AGREE TO INDEMNIFY AND HOLD HARMLESS THE INDIANA BMV FROM ANY LIABILITY ARISING FROM THIS TRANSACTION. X _____ X _____ DATE: _____			
VEHICLE IDENTIFICATION NUMBER							
YR	MAKE	MODEL	TYPE	DATE			
INSPECTOR'S PRINTED NAME & TITLE				CITY			
INSPECTOR'S SIGNATURE				BADGE, BRANCH OR DEALER PLATE NO.	The law requires that you apply for Certificate of Title within thirty-one days from the date of purchase of a motor vehicle. There is a delinquent fee of \$21.00 for failure to do so. Attach Certificate of Title assigned by seller. On endorsed Titles, liens must be released. Supporting documents surrendered with this application cannot be returned to the applicant. State fee for applying for Title is \$15.00. *In accordance with Federal Code 353.		
TITLE NUMBER		BRANCH NO	INVOICE NO	BMV USE ONLY			
1. [REDACTED]		[REDACTED]	[REDACTED]	DUPLICATE-MV			
*SOC. SEC./FEDERAL I.D. NO		APPLICANT'S NAME			BMV USE ONLY		
2. [REDACTED]		[REDACTED]			REBUILT		
STREET ADDRESS			CITY	STATE	ZIP CODE		
3. [REDACTED]			[REDACTED]	[REDACTED]	[REDACTED]		
VEHICLE I.D. NUMBER		VEH YEAR	VEH MAKE	VEH MODEL NO.	VEH TYPE	ODOMETER ACTUAL	
4. [REDACTED]		[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	76,998 M	
FORMER TITLE NUMBER		PURCHASE DATE	LIEN	SPEED	PICK UP	MAIL	
5. [REDACTED]		[REDACTED]	5	No	No	Yes	
FIRST LIEN'S NAME OR SPECIAL MAILING ADDRESS				STREET ADDRESS			
6. [REDACTED]				[REDACTED]			
CITY		STATE	ZIP CODE	BMV USE ONLY			
7. [REDACTED]		[REDACTED]	[REDACTED]				
SECOND LIEN'S NAME				STREET ADDRESS			
8. [REDACTED]							
CITY		STATE	ZIP CODE	LICENSE NUMBER	LICENSE YEAR	FORMS USED	
9. [REDACTED]		[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	NC	
GROSS RETAIL & USE TAX AFFIDAVIT - I/WE HEREBY CERTIFY THAT SALES OR USE TAX ON THIS VEHICLE WAS PAID AS INDICATED BELOW							
SELLING PRICE	LESS TRADE-IN / DISCOUNT	AMOUNT SUBJECT TO TAX	AMOUNT OF TAX	DEALER	BRANCH	EXEMPT	
10. \$ 0.00	\$ 0.00	0.00	\$ 0.00	\$		IF EXEMPT PLACE PARA.#	

DO NOT TYPE IN THIS AREA

*Your Social Security number / Federal I.D. number is being requested by this agency under IC 4-1-8-1. Disclosure is mandatory and this document cannot be processed without it.

APPLICANT RESPONSIBLE FOR ACCURACY OF INFORMATION

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CPD 0006933